United Nations E/CN.3/2017/21

Economic and Social Council

Distr.: General
14 December 2016

Original: English

Statistical Commission
Forty-eighth session
7-10 March 2017
Item 4 (c) of the provisional agenda*
Items for information: health statistics

Report of the World Health Organization on health statistics

Note by the Secretary-General

In accordance with Economic and Social Council decision 2016/220 and past practices, the Secretary-General has the honour to transmit the report of the World Health Organization, which outlines current work on health statistics in relation to the global monitoring of the health and health-related Sustainable Development Goals, the International Classification of Diseases and its normative work. The report also includes an update on the work being carried out to strengthen country health information systems, including the newly established Health Data Collaborative.

The Commission is invited to take note of the report.

* E/CN.3/2017/1.

16-22163 (E) 221216

Please recycle

Report of the World Health Organization on health statistics

I. General update on health statistical work

1. The World Health Organization (WHO) published global, regional and country health estimates as well as data reported by Member States on a set of core health indicators in its annual report entitled *World Health Statistics* at the time of the sixty-ninth session of the World Health Assembly, held in 2016. The report was focused on the health and health-related Sustainable Development Goals targets and potential indicators put forward by the Statistical Commission. The six WHO regional offices published statistical updates to inform the annual meetings of the regional commissions. In addition, specific WHO programmes and collaborating organizations published updated estimates of trends in key indicators as part of global reports, including those on tuberculosis, malaria, HIV and diabetes.

2. In 2016, the estimated causes of death patterns in childhood were updated, in collaboration with academic institutions and expert groups. WHO also updated its life expectancy estimates in *World Health Statistics 2016*. At the end of 2016, WHO released updated estimates of deaths by cause, age and sex for the world, regions and countries for the years 2000-2015. All data were disseminated through the WHO global and regional health observatories, which provide country data for more than 1,000 health data indicators.

3. The results of a WHO-led global effort to produce Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER) were published in multiple leading academic journals and by WHO. In addition to the implementation of GATHER, WHO continues to consult its member States on new health estimates. This involves a two- to three-month process of interaction in which all input data, methods and results are shared with Member State focal points (through e-mail), who typically work in the Ministry of Health and often provide additional data sources and other statistical inputs.

II. Monitoring the health and health-related Sustainable Development Goals

4. WHO provided substantial inputs into the work done by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators of the Statistical Commission. This included providing proposals for the most suitable indicators, the metadata for the selected indicators, data for the 2016 report prepared by the Statistics Division, and proposals for the further development of indicators identified as "tier III" by the Inter-Agency and Expert Group. The latter include the indicators on essential service coverage and financial protection for target 3.8, which is considered the target underpinning all other health and health-related targets of the Sustainable Development Goals by WHO.

5. As requested by the World Health Assembly, WHO will report at least once every two years on progress made towards the achievement of the health and health-related Sustainable Development Goals, through the World Health Statistics and Global Health Observatory. A special web portal for the Goals has been developed.

6. Monitoring the health and health-related Sustainable Development Goals presents major challenges for many countries. Health statistical capacity is still weak in many countries, and the increased demand for disaggregated data will further expose that weakness. Links between the health sector and statistical offices need to be improved and institutionalized, going well beyond the collaboration related to, for example, a national demographic and health survey or census module. In particular, institutional capacity for analysis is inadequate and needs to be enhanced in Ministries of Health, public health institutions and statistical offices.

7. The health sector can play a greater role in strengthening country statistical systems than it has to date. The Health Data Collaborative was launched in March 2016 during the forty-seventh session of the Statistical Commission, on the basis of a common diagnosis of a widespread challenge: global and country investments in strengthening country health information systems need to become more efficient in order to meet the demands related to monitoring the health and health-related Sustainable Development Goals and to contribute to the sustainable development of national statistical systems.

8. The Health Data Collaborative is now operational, with 35 partners and more than 300 technical experts engaged in technical working groups. In its resolution WHA69.11, adopted on 28 May 2016, the World Health Assembly referred to the Health Data Collaborative as a key platform for strengthening national statistical capacity at all levels. There is a growing demand for such capacity in countries that are engaging in the collaborative approach. For example, Kenya launched its own health data collaborative in May to bring development partners together around national priorities. Malawi, Namibia and Nigeria are on a similar path. Stronger collaboration between the health sector and national statistical offices is essential.

III. Classifications

9. WHO is undertaking the revision of the International Classification of Diseases (ICD) through a systematic process, now planning a release for implementation in 2018.

10. ICD is the foundation for health statistics, in particular mortality and morbidity statistics. In recent decades, it has also been used for diagnostics, patient safety and quality, administrative purposes and research. All 194 WHO Member States have committed to reporting their statistics to WHO using the Classification, which provides a common language for comparable statistics. In line with requests by Member States, the eleventh revision of ICD (ICD-11) is being prepared, incorporating the scientific advances in the health sciences and issues identified in the use of ICD-10 since 1990. In addition, ICD-11 is designed to link with computerized health information systems and standard terminologies (i.e., direct use of standard terminologies and other health informatics applications) in order to be "electronic health application ready".

11. In 2015, the report of an independent external review of the overall revision process resulted in the establishment of a task force on mortality and morbidity statistics, which includes representatives of the national statistical offices of several countries. The task force focuses on the continuity of the use of mortality public

health statistics and, to a lesser extent, morbidity statistics, to minimize the effects of a transition from ICD-10 to ICD-11 on statistics.

12. WHO organized a revision conference in Tokyo in October 2016, with representation of Ministries of Health, WHO collaborating centres, academia and civil society. At the conference, ICD 2016 for Member State comments was released for testing and review. The importance of continuity in the generation of mortality statistics was stressed, including the ability to use electronic coding tools. The main work to be carried out in 2017 will involve quality assurance in the field, the incorporation of proposals and feedback from Member States and structural editing. Targeted release for implementation by Member States is planned for the first half of 2018. It is expected that Member States will use the 2018 version to develop detailed transition plans in order to begin implementing the 11th revision of ICD in subsequent years.

13. WHO has supported the development of the International Classification of Health Interventions (ICHI) since 2007. ICHI covers all parts of the health system and contains a wide range of new material not found in national classifications. ICHI currently exists in an alpha version. A beta version is planned for mid-2017, with completion planned in 2019.

14. The International Classification of Functioning, Disability and Health was designed to report the different dimensions of functioning of an individual in a structured fashion in different settings and health sectors to study health, health-related states, outcomes and determinants and provide a common language for comparisons in and in between countries. Currently, issues arising from daily use of the Classification are being resolved.

15. In addition, WHO developed and promoted tools for improving cause-of-death information in countries with poorly functioning civil registration and vital statistics systems. A simplified list of causes of death for use in hospitals, based on ICD-10, is being used to improve coding and reporting practices in hospitals. Several training workshops were conducted in the African region. In addition, the WHO standard verbal autopsy instrument was revised on the basis of field testing, and the final 2016 version was released.

IV. Other normative work

16. WHO published an update of the global reference list of 100 core health indicators. These original indicators were developed after an extensive consultation process in 2014. An increasing number of countries are making extensive use of the reference list. The core health indicators include all health indicators proposed for the monitoring of the Sustainable Development Goals.

17. WHO developed and published a standardized data quality assessment tool that is now integrated with electronic country health facility data reporting systems. The tool allows the identification of missing, inconsistent and inaccurate values and is intended to be used at the local and national levels in Ministries of Health. Work on standardizing health facility surveys and procedures for health facility data analysis with respect to core indicators is ongoing.

18. The WHO Study on Global Ageing and Adult Health (SAGE), supported by the National Institute on Ageing of the National Institutes of Health of the United States of America and other country institutions, is a six-country longitudinal study with nationally representative cohorts of persons aged 50 years and older to study health and health-related outcomes and their determinants. Five of the six countries implemented a second wave of the survey, with a third wave planned for 2017. In addition, two local sites in sub-Saharan Africa implemented the third wave of a study to follow up on older people living with HIV.

19. The WHO model disability survey has been implemented in two national samples, in Chile and Sri Lanka. Reports from those surveys will be published in 2017. Another national survey is being completed in the Philippines, with additional surveys planned in Costa Rica, Oman, Panama and the Emirate of Dubai for 2017. A short version of the model disability survey has been developed following expert consultation on and analysis of the national implementations. It can be integrated into other multi-topic or stand-alone surveys that are not specialized health surveys.

20. WHO, in partnership with the International Household Survey Network (IHSN) and others, is developing standardized modules for the collection of data in household health surveys. Short and long versions of these modules are being developed on the basis of current best practice. The modules are intended to cover the global reference list of core health indicators, including those for monitoring the targets of the Sustainable Development Goals, such as universal health coverage. Once finalized, they will be incorporated into the question bank of IHSN and disseminated by WHO. The Survey Solutions tool of the World Bank will then be used to build the questionnaire for implementation in a computer application, depending on specific needs. A version of such a survey using the modules, focused on measuring progress towards universal health coverage, has been completed in Tunisia in 2016; its results will be available in 2017.

V. Action required by the Statistical Commission

21. The Statistical Commission is invited to take note of the present report.